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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**Declaration
Submitted
With Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

| | |
|------------------------|------------|
| Attorney Docket Number | 14576 |
| First Named Inventor | Matthews |
| COMPLETE IF KNOWN | |
| Application Number | 10/747,627 |
| Filing Date | 12/30/2003 |
| Art Unit | |
| Examiner Name | |

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

FOAM DISPENSER

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

12/30/2003

as United States Application Number or PCT International

Application Number

10/747,627

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? | |
|--|---------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | | | | Yes | No |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.


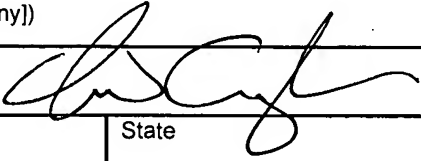
[Page 1 of 2]

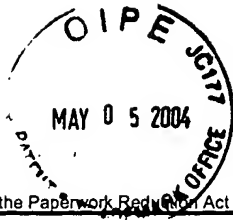
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DECLARATION — Utility or Design Patent Application

| | | | | | |
|---|--|---------------------------|---|---|--|
| Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number: 000293 | | | | OR <input checked="" type="checkbox"/> Correspondence address below | |
| Name Ralph A. Dowell of DOWELL & DOWELL, P.C. | | | | | |
| Address Suite 309, 1215 Jefferson Davis Highway | | | | | |
| City Arlington | | State VA | | ZIP 22202 | |
| Country US | | Telephone 703 415 2555 | | Fax 703 415 2559 | |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. | | | | | |
| NAME OF SOLE OR FIRST INVENTOR: | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | |
| Given Name (first and middle [if any]) Shaun Kerry | | | Family Name or Surname Matthews | | |
| Inventor's Signature  | | | | Date 28/Jan/04 | |
| Residence: City Oswestry | | State | | Country Great Britain | |
| Citizenship Great Britain | | | | | |
| Mailing Address Sundorne, Nant Lane, Morda, Oswestry Shropshire | | | | | |
| City Oswestry | | State | | ZIP SY10 9BX | |
| Country Great Britain | | | | | |
| NAME OF SECOND INVENTOR: | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | |
| Given Name (first and middle [if any]) David Michael Ross | | | Family Name or Surname Creaghan | | |
| Inventor's Signature  | | | | Date JAN 22/04 | |
| Residence: City Hamilton | | State | | Country Canada | |
| Citizenship Canada | | | | | |
| Mailing Address 82 Wycliffe Avenue | | | | | |
| City Hamilton | | State | | ZIP L9A 1E1 | |
| Country Canada | | | | | |
| <input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto. | | | | | |



PTO/SB/81 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

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| Application Number | 10/747,627 |
| Filing Date | 12/30/2003 |
| First Named Inventor | Matthews et al. |
| Title | FOAM DISPENSER |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | 14576 |

I hereby appoint:



Practitioners associated with the Customer Number:

000293

OR



Practitioner(s) named below:

| Name | Registration Number |
|--------------------|---------------------|
| Ralph A. Dowell | 26868 |
| Nancy E. Hill | 41564 |
| Lynn C. Schumacher | 36413 |
| Wendy M. Slade | 53604 |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:



The address associated with the above-mentioned Customer Number:

OR



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OR

Firm or
Individual Name

Ralph A. Dowell of DOWELL & DOWELL, P.C.

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State

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Zip

22202

Country

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Telephone

703 415 2555

Fax

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I am the:



Applicant/Inventor.



Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of RecordName **Shaun Kerry Matthews**

Signature

Date

28/Jan/04

Telephone

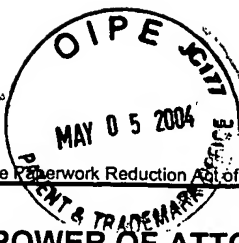
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.



*Total of _____ forms are submitted.

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OR

☐ The address associated with Customer Number:

OR

☒ Firm or Individual Name Ralph A. Dowell of DOWELL & DOWELL, P.C.

Address Suite 309, 1215 Jefferson Davis Highway

Address

City Arlington

State VA

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Country US

Telephone 703 415 2555

Fax 703 415 2559

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name David Michael Ross Creaghan

Signature

Date

- JAN 22 / 04

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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